

**Supplemental Application Form  
GASOLINE DISPENSING OPERATIONS WITH ABOVEGROUND TANKS**

*This form must be accompanied by a completed Application for Authority to Construct and Permit to Operate form*

<b>Permit to be issued to:</b>		<b>Current Permit #:</b>	
<b>Owner/Operator Name:</b>		<b>Phone #:</b>	

<b>Instructions</b>	
1.	Complete a separate form for each tank and dispensing system which has a different type of Phase I or Phase II vapor recovery system with as much information as possible.
2.	Attach a copy of the site plan showing underground fuel and vapor lines and location of dispenser islands. You may submit the drawings in electronic format.
<p><b>Note:</b> District Rules <b>require</b> Gasoline Dispensing Operations to be installed by ICC certified technicians. Installations <b>must</b> conform to CARB's Executive Orders listed on the Authority to Construct issued to your facility. Information on Vapor Recovery Executive Orders is available online at: <a href="https://ww2.arb.ca.gov/our-work/programs/vapor-recovery/vapor-recovery-executive-orders">https://ww2.arb.ca.gov/our-work/programs/vapor-recovery/vapor-recovery-executive-orders</a></p>	

<b>Facility Information</b>				<input type="checkbox"/> No changes to existing permit	
<b>Facility Type:</b>	<input type="checkbox"/> Retail	<input type="checkbox"/> Non-Retail	<b>Max Gasoline Throughput:</b>	<b>Gal/mo</b>	<b>Gal/yr</b>

<b>Gasoline Storage Tanks and Nozzles</b>					<input type="checkbox"/> No changes to existing permit	
Manufacturer	Capacity in Gallons	Split Tank Capacities (if applicable)	Type of Fuel	SLC Executive Order		
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<b>Number of Gasoline Dispensers:</b>			<b>Number of Gasoline Fueling Points:</b>			
<b>Number of Gasoline Nozzles:</b>			<b>Number of Gasoline Grades per Nozzle:</b>			
<b>Number of Vapor Recovery Instruction Signs:</b>		<i>(Should be clearly readable from every fueling point)</i>				

<b>Phase I Vapor Recovery System</b>				<input type="checkbox"/> No changes to existing permit	
<b>Manufacturer:</b>		<b>CARB Executive Order Number:</b>	VR-		

<b>Phase II Vapor Recovery System</b>				<input type="checkbox"/> No changes to existing permit	
<b>Manufacturer:</b>		<b>CARB Executive Order Number:</b>	VR-		
<b>ORVR Phase II Exempt</b>	<input type="checkbox"/> Attach a list of the current vehicle fleet (include EVAP family number, make, model and year)				